FORM VI

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS

Non-Clinical Supervision Verification

(for the requirements towards the specialty recognitions of
Independent Practice Recognition or LMSW-AP)

Supervisee Last Name: _____ First Name: _____ Middle Name: _____

Please refer to the law and rules governing social work practice for all information related to licensure. The law and rules are available on the board's website at: http://www.hhsc.state.tx.us/socialwork/.

Overview of some important supervision requirements:

- Supervisory sessions may be in one-on-one sessions or in a combination of individual and group sessions. There can be no more than six individuals in a supervision group.
- There shall be:
  - (i) no fewer than four hours of supervision each calendar month;
  - (ii) no fewer than two supervisory sessions each calendar month;
  - (iii) each supervisory session shall be face-to-face and at least one hour in duration (unless there is prior approval by the board for a variation);
  - (iv) no more than 10 hours of supervision during an calendar month.
- A calendar month is creditable *only if* the supervision began no later than the first work day of the month and ended no sooner than the last calendar day of the month.

Important information about forms:

- Submission of a Non-Clinical Supervision Plan (Form IV) does not ensure acceptance of the plan by the board. Acceptance is verified by a letter mailed to the supervisee at the mailing address on file with the board.
- A separate Non-Clinical Supervision Plan (Form IV) *must be submitted* to the board for approval for *each location of practice*. Similarly, upon completion of supervision, a separate Non-Clinical Supervision Verification (Form VI) must be submitted for each board-approved Non-Clinical Supervision Plan (Form IV) in effect. Combining all locations of practice into one Non-Clinical Supervision Plan (Form IV) or Verification (Form VI) is *not* acceptable to the board.
- Submission of a Non-Clinical Supervision Verification (Form VI) does *not* ensure that the board will accept the verification of supervised experience *as submitted*. The Verification (Form VI) must be submitted *within 30 days* of completion of the supervision and must meet all criteria required by the board.
- A new Non-Clinical Supervision Plan (Form IV) must be submitted for approval when *any change occurs* in the conditions of supervision as approved by the board in the original, approved Non-Clinical Supervision Plan (Form IV) (such as who the supervisor is, number of hours worked, location of practice, etc.). This must be submitted *within 30 days* of the change, as must a Verification (Form VI) for the experience accrued under the original, approved Non-Clinical Supervision Plan (Form IV).
- If the board approves the Plan (Form IV), the supervisee will receive a written confirmation in the mail. If a written confirmation is not received, then the plan is not approved.

I. Supervisee's Information and Location of Practice

Name:	License Category and Number:
Business name Street address City, State Telephone Fax	_____ _____ _____ _____

II. Supervisor's Qualifications (completed by supervisor)

Name:	License Category and Number:
Business name Street address City, State Telephone Fax	_____ _____ _____ _____

III. Supervision Verification (completed by supervisor)

Note: Supervision hours and months must be in whole numbers.

Dates of supervision were from _____(month/day/year) to _____(month/day/year)
Supervisee's work schedule: ☐ Full time (30 hours/week) ☐ Part time (_____Hours/week)
Total number of hours of supervised professional non-clinical employment experience worked during this verification period: ___
Total number of supervision hours for time period listed above: _____Individual _____Group
Supervisee's specific duties:
Assessment of the supervisee's social work practice knowledge, skills and abilities:
Supervisee's therapeutic strengths:
Areas identified as needing improvement:

IV. Supervisor's Recommendation

Supervisor must indicate the appropriate recommendation.	
Type of supervision	Supervisor's recommendation:
LMSW-AP	Acceptance of experience and supervision hours/months toward advanced practice licensing? ☐ Yes ☐ No If supervisee has met the total requirements for upgrade of license to LMSW-AP, do you recommend this person for the upgrade? ☐ Yes ☐ No
Independent Practice	Acceptance of experience and supervision hours/months toward independent practice recognition requirement? ☐ Yes ☐ No If supervisee has met the total requirements for independent practice recognition, do you recommend this person for the IPR? ☐ Yes ☐ No
If the supervisor answers "no" to any of the above questions, please attach an explanatory statement.	

V. Affidavit of Understanding and Signatures

I hereby certify that I have received and reviewed a copy of regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.
Under penalties of perjury, I declare and affirm that the statements made in the supervision plan, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with my supervision plan may be cause for denial or loss supervision time received and/or loss of licensure.

Supervisee Signature _____ Date _____
Supervisee Name Printed _____

Supervisor Signature _____ Date _____
Supervisor Name Printed _____

Mail To: Texas State Board of Social Worker Examiners, P.O. Box 149347, Mail Code 1982, Austin, Tx. 78714-9347

TEXAS Health and Human Services

PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.hhsc.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

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